

112(r) Risk Management Program Applicability

(Please return to Javier Morales ECL-116 and 3-1255)

Non Filer Rpt ID	3541			I	nspection D	ate 2/21/2000
Inspector 1 Name	J. Sansone	J. Sansone		me		
Inspector 3 Name			Inspector 4 Na	me		
Facility Name	TIMBER PRO	DUCTS CO	MPANY			
Facility Address	25 E MCANDREWS RD					
	MEDFORD	OR	97501	FIPS County:	JACKSON	<u>54035</u>
Facility Contact	GARY JOHNSON					
Contact Title						
Contact Address	PO BOX 1669					
	MEDFORD	OR	97501			
Contact Phone	541-773-6681	Contact Fax		Contact Email		
•	to 1 is yes, what is t S) that is used/stored	•	substance? List up i	to 4 chemicals a	nd the max	imum
	cal Name		CAS No	Max	cimum Qty	MaxQtyUnits
98 PROPAN	lE		74-98-6		0	Gallons
•	is yes, have you sub ederal regulations fo			RMP) as requir	red by	

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